NOTICE OF DISCONTINUATION OF SPECIAL EDUCATION SERVICES

School District:	Date of Notice:	
Parent's Name:	Child's Name:	
On(date)	the Individual Education Plan (IEP) Tea	m met to review the educational
	I on the decisions made by the IEP Team, the _e special education services to your child.	Public
	of special education services is based on (describ	
those option(s) because (provi	the following option(s) prior to reaching the decile a description of any options the district consider	· ·
	of special education services is based upon the follo	owing evaluation procedures, tests, records
Other factors which are releva	at to the school district's proposal, if any, are:	
	EA). If you would like a copy of your procedurghts, you may contact:	
(n	me) at (pho	one number)

ADDITIONAL RESOURCES

You may contact any of the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws. An explanation of your rights will be provided at no cost by any of the following organizations:

Nebraska Department of Education Regional Offices:

Lincoln Office: 402-471-2471
Omaha Office: 402-595-2177
Scottsbluff Office: 308-632-1349
Hotline for Disability Services: 800-742-7594

Nebraska Parent Training Center: 800-284-8520 or 402-346-0525

Nebraska Advocacy Services: 800-422-6091 or 402-474-3183